Memorial Sloan-Kettering Cancer Center

Physician Billing Department

QUESTIONS? YOUR ACCOUNT IS IN OUR COLLECTION UNIT, CALL 646-227-3154, 8:30AM-4:00PM. CALLERS OUTSIDE AREA CODES 212/646/718 SHOULD CALL 800-999-3275.

HELEN S KAHANER 20 HARROGATE DRIVE HILTON HEAD ISL, SC 29928

Document	t 13-3 Fi	led 03/04/20	008 Page 1	l of 3
	PATIENT: HELE	n s kahaner	MRN	: 35156600
	MAKE CHECK PA	YABLE TO: PHYS	ICIAN BILLING DE	PARTMENT
	V/SA SEESEGES			DINERS CAUB
	CHARGE \$ STGNATURE:	TO CREDIT (DATE:
CALL	STATEMENT DA		AMOUNT YOU OWE	AMOUNT ENCLOSED
JTSIDE	11/24/07	12/09/07	\$2771.14	\$

MAIL PAYMENT TO:

PHYSICIAN BILLING DEPARTMENT PO BOX 26352 NEW YORK, NY 10087-6352

	PLEASE	CHECK	THIS	BOX	IF	YOUR	ADI	DRESS	OR	INSU	JRANCE	HAS
_	CHANGED	AND	MAKE	YOUR	CHA	ANGES	01/	THE	REVI	ERSE	SIDE.	

PLEASE DETACH TOP PORTION AND RETURN NITH YOUR PAYMENT

STATEMENT OF PHYSICIAN SERVICES

(STATEMENT DATE: NOVEMBER 24, 2007)

MEDICAL RECORD # 35156600 PATIENT NAME: HELEN S KAHANER QUESTIONS? YOUR ACCOUNT IS IN OUR COLLECTION UNIT. CALL 646-227-3154, 8:30AM-4:00PM. CALLERS OUTSIDE AREA CODES 212/646/718 SHOULD CALL 800-999-3275.

THE FOLLOWING INVOICES DESCRIBE OUTSTANDING CHARGES FOR SERVICES RENDERED BY PHYSICIANS AND OTHER HEALTH CARE PROFESSIONALS AT MEMORIAL SLOAN-KETTERING CANCER CENTER. THE LEFT SIDE DESCRIBES THE SERVICES PROVIDED. THE RIGHT SIDE DESCRIBES INSURANCE CLAIMS AND PAYMENTS.

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	INVOICE NUMBER:	13066057		
<u>CHARGES</u>			BANTIN ACTIONS	
		. !		
PROVIDER: NANCY ROISTACHER MD		. 1		
CARDIOLOGY GROUP				
TIME TO THE PERSON AND DEPORT ON V		\$40.00		
02/26/07 EKG, INTERPRETATION AND REPORT ONLY	TOTAL CHARGES:	\$40.00		A STATE OF THE STA
	INIUS DISTILIES.	41000	VOIDE TOBONS LEADER VOICE	0.00
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	INVOICE NUMBER:	13066898		
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CHARGES			DOMESTO DE LO DE LA COMPANSION DE LA COM	THE PROPERTY OF THE PROPERTY O
PROVIDER: TUNC A IYRIBOZ MD	•			
RADIOLOGY GROUP				
		 60		in the same of the
02/26/07 PRE-ADMISSION CHEST LATERAL/FRONT	wowst ollanope.	\$55.00 \$55.00		NAME OF THE PERSON OF THE PERS
• •	TOTAL CHARGES:	\$33.00		0.00
	INVOICE NUMBER:	13103689		
ouanere	***************************************	,	PANETI ETILIZIO DE LA CONTRACTOR DE LA C	
CHARGES			DEMOTION TOTAL VILLES	
PROVIDER: ROBERT T HEELAN MD			askayoo biraakans 6-am cath	
RADIOLOGY GROUP			bekaraya Tangan Jappanya a Sakar	
	,			
03/09/07 CHEST SINGLE VIEW FRONTAL		\$45.00 \$45.00		
	TOTAL CHARGES:	345.00		\$12.15
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			AND SERVICE OF THE SE	EGE PA FROM YOUR HIS VRERVE
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•	GUARANTOR/ADDR	ess changes			
PATIBOT NAME		GUARANTOR NAME (IF HOT	SAME AS PATIENT)		
STREET ADDRESS, APT (, , , , , , , , , , , , , , , , , , ,				
CIQX		STATE / PROVINCE P	OSTAL CODE	COUNTRY	
ENBLOARK	<u> </u>	<u></u>	<u></u>	WORK PHONE NUM	SER
EMPLOYER STREET ADDRESS		CITY		STATE	ZIP CODE
Imsurance changes -	PRIMARY	SBRVE	ance changes -	SECOMPARY	e th in the second
INSURANCE COMPANY	CHECK BOX IF HMO	INSURANCE COMPANY		CHECK BOX 1	
SUBSCRIBER'S HAME	SUBSCRIBER'S DATE OF BIRTH	SUBSCRIBER'S NAME		SUBSCRIBER'S D	ATE OF BIRTH
1.D. NUMBER GROUP/PLAN NUMBER	EFFECTIVE DATE	I.D. NUMBER	GROOP/PLAN NUMBER	R EFFECTIVE DATE	
NATLING ADDRESS FOR CLAIMS		MAILING ADDRESS FOR CL	AIMS		
CITY	STATE ZIP CODE	CITY		STATE	ZIS CODS

*** IF POSSIBLE, PLEASE ENCLOSE A COPY OF YOUR INSURANCE ID CARD (FRONT AND BACK) WITH THIS CHANGE ***

STATEMENT OF PHYSICIAN SERVICES



(STATEMENT DATE: NOVEMBER 24, 2007)

MEDICAL RECORD # 35156600 PATIENT NAME: HELEN S KAHANER PAGE 2

PATIENT NAME: HELEN S KAHANER		
INVOICE NUMBER:	13131689	
CHARGES '		PANISTI ACOMANIA OXYOGOO HEIOTAU
PROVIDER: SAMSON W FINE MD		Kayadda e i geilgaltin gwa garranda. Gwanyada hayada gwalan a sulanda a swewa e i i i sa ta s
PATHOLOGY GROUP		
03/09/07 LEVEL V-GROSS AND MICROSCOPIC EXAM	\$300.00	000 (A) (B) (B) (B) (B) (B) (B) (B) (B) (B) (B
03/00/07 LEVEL V_GROSS AND MICROSCOPIC EXAM	\$300.00	\$369.90
03/09/07 DECALCIFICATION PROCEDURE	\$130.00	
TOTAL CHARGES:	\$1370.00	
INVOICE NUMBER:	13220113	
CHARGES		12.06 10 17.10 12 12 13 14 15 15 16 16 16 16 16 16 16 16 16 16 16 16 16
PROVIDER: HARRY W HERR MD UROLOGY GROUP		
03/09/07 NEPHRECTOMY, PARTIAL	\$11965.00	
03/09/07 NEPHRECTOMY,PARTIAL	\$500.00	A PART OF THE PART
TOTAL CHARGES:	\$12365.00	42001777(01/01/2020)
AUGUS AN AIMIDIO	42042002	
INVOICE NUMBER	: 13243203	
CHARGES		OSYOCAOXA TOTALE HARRIET
PROVIDER: PAUL H DALECKI MD		arabyay companing menang rapakan munik
ANESTHESIOLOGY GROUP	٠	
03/09/07 KIDNEY, URETER SURG	\$2000 00	。
235 MINUTES	\$2990.0	O.00
		TAINS ENTRY PANALY ON THE PROPERTY OF FROM YOUR THEURER.
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STATEMENT OF PHYSICIAN SERVICES

(STATEMENT DATE: NOVEMBER 24, 2007)

MEDICAL RECORD # 35156600

PATIENT NAME: HELEN S KAHANER PAGE 3

			The state of the s
CHARGES	INVOICE NUMBER:	13710980	PAVENTAUVAUM
PROVIDER: ARTHUR A FRUAUFF MD RADIOLOGY GROUP			TO SIVOT SPANE HE SUPPLY SO DIACTASSITALE
09/27/07 CT ABDOMEN W/CONTRAST		\$280.00	TO THE REPORT OF THE PARTY OF T
	TOTAL CHARGES:	\$585.00	
CHARGES	INVOICE NUMBER:	13722902	AVER CLASS
PROVIDER: HARRY W HERR MD UROLOGY GROUP			
10/01/07 OFFC VST,EST PAT,LVL 2	TOTAL CHARGES:	\$85.00 \$85.00	no//co/py reamen at polyne and the property of the polyne and the
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			(ESTANSTROMEDANELLAS DANGE EN ORBE ESTANDE A PROCESO (ESTANDE ESTANDE ESTANDE ESTANDE ESTANDO (ESTANDE ESTANDO (ESTANDE ESTANDO (ESTANDE ESTANDO (ESTANDO (E

YOUR ACCOUNT IS NOW IN OUR IN-HOUSE COLLECTION UNIT. PLEASE REMIT PAYMENT BY THE DUE DATE TO AVOID FURTHER COLLECTION EFFORTS. YOUR LAST PAYMENT OF \$141.75 WAS RECEIVED ON 05/03/07. PAYMENTS RECEIVED BEFORE 12/31/07 MAY BE TAX DEDUCTIBLE.

\$2796.85	\$25.71	\$\frac{1}{2}\text{\$\frac{1}\text{\$\frac{1}{2}\text{\$\frac{1}{2}\text{\$\frac{1}{2}\text{\$\frac{1}{2}\text{\$\frac{1}{2}\text{\$\frac{1}\text{\$\frac{1}\text{\$\frac{1}\text{\$\frac{1}{2}\text{\$\frac{1}\text{\$\frac{1}\text{\$\frac{1}\text{\$\frac{1}\text{\$\frac{1}\text{\$\frac{1}\$\frac
ACCOUNT BALANCE	AMOUNT PENDING WITH INSURANCE	KINDLY REMIT IN FULL BY 12/09/07